Increasing Anal Cancer Screening In High-Risk Patients
At A Gastroenterology Center
Lauren D. Brennan, RN, MSN, CRNP
Organization Mentor: Praveena Velamati, MD  Academic Advisor: Brigit Van Graafeiland, DNP, CRNP, CNE, FAAN, FAANP

BACKGROUND
Anal cancer is considered a relatively rare cancer however it is one that has been steadily on the rise since 2001. Anal cancer makes up 0.2% of all cancer deaths. The average survival rate is 68.7%. There are approximately 70,531 people living with anal cancer as of 2018. An estimated 9,090 men and women will be diagnosed with anal cancer this year, 1,430 of those cases will result in death.

Due to variations in screening practices, anal cancer is most often found in the later stages of the disease.

REVIEW OF THE LITERATURE
There is a significant amount of literature indicating a remarkable burden associated with anal cancer, principally in high-risk populations. Anal cancer screening is a cost-effective prevention method, however, there are currently no clinical practice guidelines for anal cancer screening. There is also no consensus among national or international societies in the identification of high-risk factors.

PURPOSE AND AIMS
• Increase Provider Knowledge of Risk Factors That Place Patients at High-Risk for Anal Cancer Utilizing a Provider Education Program Over 12-Weeks
• Increase the Number of Anal Pap Smears Over a 12-Week Period After the Implementation Provider Education Program

METHODS
Sample:
Medical Doctors, Nurse Practitioners, Physician Assistants.
Setting:
Gastroenterology Clinic, Southern Maryland
Procedures:
Pre-Post test design. Retrospective Chart Review

RESULTS

Findings for aim 1: A Wilcoxon signed rank test reveals 9 positive differences, 2 ties, no negative differences.

Findings for aim 2: A paired samples portion analysis reveals the proportion of anal cancer screening post intervention rose from 0% to 34%

Table 1. Baseline Characteristics of Provider Participants

<table>
<thead>
<tr>
<th>Demographic/Characteristics</th>
<th>20-29</th>
<th>30-49</th>
<th>50-69</th>
<th>60+</th>
<th>Male</th>
<th>Female</th>
<th>Gender Identity, n (%)</th>
<th>Same Sex</th>
<th>Unknown</th>
<th>Year One</th>
<th>2018</th>
<th>Veteran</th>
<th>Predi Diag.</th>
<th>Ed. Training</th>
<th>Medical Doctor (MD)</th>
<th>Years in practice, n (%)</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, n (%)</td>
<td>3 (53)</td>
<td>8 (13.7)</td>
<td>2 (3.3)</td>
<td></td>
<td></td>
<td></td>
<td>Same Sex</td>
<td>6 (10)</td>
<td>0 (0)</td>
<td>9 (40)</td>
<td>0.4</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0 (0)</td>
<td>0.0 (0)</td>
<td>0.0 (0)</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>Procedure, n (%)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Gender Identity, n (%)</td>
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CONCLUSION
The results of this quality improvement project reveal that a provider education program is an effective approach to increasing anal cancer screening rates in a gastroenterology center. The results were both statistically and clinically significant. The findings show a significant increase in provider knowledge, attitudes, and practices as well as an increase in anal cancer screening rates following the intervention.

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